

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000009627

1. Entity Name

TAMARAC FOOD SALES, INC.

FILED
Aug 10, 2000 8:00 am
Secretary of State

08-10-2000 90008 025 ***150.00

Principal Place of Business

Mailing Address

FOOD SERVICE

C/O BLAKESBERG & COMPANY CPA

5969 SW 21st

951 SW 4TH AVE

HOLLYWOOD, FL 33023

BOCA RATON, FL 33432-5803

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0661273

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HAGEN, MAX N
3990 SHERIDAN STREET, STE 104
HOLLYWOOD, FL 33021

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PVST
WEISSMAN, MITCHEL
7551 BLACK OLIVE WAY
TAMARAC, FL 33321 ☐ Delete

TITLE
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CITY - ST - ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Telephone #

7-25-2000

954
720 4514

TAMARAC FOOD SALES, INC
7551 BLACK OLIVE WAY
TAMARAC, FL 33321

Attachment
D# DA6000009627
DW 78047

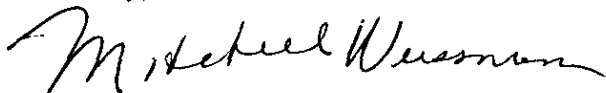
July 25, 2000 ..

Annual Reports Filings
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

As of this date I have not yet received my annual report for 2000. Per my conversation with your office they have advised me to send a copy filled out with my check for \$150.00. Please see that my address is as shown for the future year filing. Thank you for your assistance with this matter.

Sincerely,



Mitchell Weissman,
President